

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of)
)
Devanagondi, et al.) Group Art Unit: **2616**
)
 Application No.: **10/612,889**) Confirmation No. **7012**
)
 Filed: **July 3, 2003**) Examiner: **Jianye Wu**
)
 For: **MULTI-SLICE NETWORK**)
PROCESSOR)

TRANSMITTAL LETTER

Mail Stop Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Customer Number 23859

Sir:

Transmittal herewith is/are the following in the above-identified application:

- | | | | |
|-------------------------------------|----------------------------|-------------------------------------|-----------------------------------|
| <input checked="" type="checkbox"/> | Response to Office Action | <input type="checkbox"/> | Petition to For Extension of Time |
| <input checked="" type="checkbox"/> | Fee as calculated below | <input type="checkbox"/> | Supplemental Declaration |
| <input type="checkbox"/> | No Additional Fee Required | <input type="checkbox"/> | Terminal Disclaimer |
| <input type="checkbox"/> | Corrected Drawings | <input checked="" type="checkbox"/> | Other <u>RCE</u> |

| CLAIMS AS AMENDED | | | | | | | |
|---|--|--|---|---|---|-------------------|------------|
| | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | | ADDITIONAL FEE | |
| Total Claims | 19 | 21 | | X \$50.00 | | \$ | |
| Independent Claims | 2 | 3 | | X \$210.00 | | \$ | |
| <input type="checkbox"/> First Presentation of a Multiple Dependent Claim | | | | + \$370.00 | | \$ | |
| <input checked="" type="checkbox"/> Request for Continued Examination | | | | + \$810.00 | | \$810.00 | |
| EXTENSION FEE | 1 st Month \$120 <input type="checkbox"/> | 2 nd Month \$460 <input type="checkbox"/> | 3 rd Month \$1050 <input type="checkbox"/> | 4 th Month \$1640 <input type="checkbox"/> | 5 th Month \$2230 <input type="checkbox"/> | | \$ |
| <input checked="" type="checkbox"/> Reduction by 1/2 for filing by SMALL ENTITY (Note 37 C.F.R. §1.9, §1.27, §1.28) - | | | | | | | -405.00 \$ |
| TOTAL FEE DUE | | | | | | | \$405.00 |

ATTORNEY DOCKET NO. 03311.0001U3
APPLICATION NO. 10/612,889

Payment:

- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Payment by credit card in the amount of \$_____ for the fees designated above is submitted via enclosed Form PTO-2038.
- ☒ Payment by credit card in the amount of \$405.00 for the fees designated above is submitted via EFS-Web.
- ☐ The Commissioner is authorized to charge our Deposit Account No. 14-0629 in the amount of \$_____ to cover the above-listed additional fees. A duplicate copy of this transmittal is enclosed.
- ☒ In the event of an overpayment or improper payment of a required fee, the Commissioner is authorized to charge or credit our Deposit Account No. 14-0629 as required to correct the error.

Respectfully submitted,

/David A. Cornett/
David A. Cornett
Registration No. 48,417

Customer Number 23859